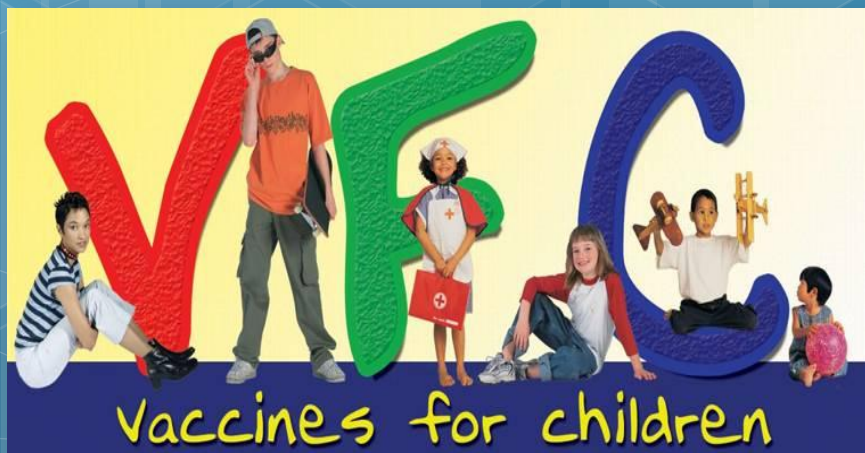


How the Quarterly Reports Can Assist Your Clinic



Immunization Program

VFC Hot Topics Webinar February 2014

Lori Hutchinson

Vaccine Manager

444-0277

lhutchinson@mt.gov

Katie Grady-Selby

VFC Quality Specialist

444-1613

Kgrady@mt.gov

House Keeping

We are muting all participants upon entering the presentation

If you would like to ask a question, please use *6 to unmute your phone

We do have the chat option that will allow you to type a question in that can be sent to just the host or the entire group if necessary

This presentation will be posted to www.immunization.mt.gov under the VFC Training and Resource Page

Let's get started!!



Presentation Objective:

- To provide information on how the Quarterly Reports can assist your clinic

Topics:

- Describe how to interpret the reports
 - *Summary Report
 - *Missing Immunization Overdue Report
- Demonstrate in imMTrax the steps to take for improving the clinics coverage rates

Why do provide quarterly reports from imMTrax??

1. In order to prevent vaccine-preventable disease outbreaks we need to maintain high immunization coverage rates
2. To provide your clinic immunization coverage rates
3. To assist your clinic in determining an activity(s) to improve coverage rates
4. To ensure all your patients are up-to-date in imMTrax
5. Last, but not least NO MISSED OPPORTUNITIES!!

How quarterly reports are produced and received:

1. The Immunization Program generates reports quarterly
 - * (Feb., May, Aug., Nov.)
2. We pull the information directly from imMTrax for each clinic
 - * The report includes “Active” and “Inactive-Consent Undetermined”
3. Run it through CDC’s CoCASA for analysis
 - * Comprehensive Clinic Assessment Software
4. Generate the reports
 - * The series 4:3:1:4:3:1:4 (4DTaP, 3Polio, 1MMR, 4Hib, 3 HepB, 1Var, 4PCV)
 - *Summary Report for age 19-35 months
 - *Missing Immunizations-Overdue report for age 9-35 months
5. Each clinic receives their own reports
 - * Each county health department receives a copy of every clinic’s reports in their county

A Look at the Summary Report:

1. Age range 19-35 months
2. Series 4:3:1:4:3:1:4
3. By date
4. Total # of Patient Records Assessed

Report Title: **SUMMARY REPORT** Date Generated: 12/26/2013

Assessment date: 12/13/2013

REPORT CRITERIA

Provider/site name: **Missoula City County Health Department (150)**

Age range: From **19** to **35** months as of **9/30/2013**

Selected series/antigens: **1MMR, 3HepB, 3Polio, 4DTaP, 4HIB, 4PCV, 1Var**

Compliance: ☐ By age: **0** months ☒ By date: **9/30/2013**

Additional criteria: ☒ Apply ACIP Recommendations (valid doses only) ☒ Apply four-day grace period
☐ Limited by

Missed opportunities are defined as: **On LAST immunization visit**

IMMUNIZATION STATUS (based on user-selected criteria) Note: For reports listing specific patients, choose Lists under the Standard Reports tab.

	23	# of patient records selected
—	0	# of patients moved or gone elsewhere (MOGE)
(minus)	23	Total # of Patient Records Assessed

Total # of Patient Records Assessed **23**

A Look at the Summary Report Cont.:

1. Immunizations Complete

*Immunizations Complete – 78% with 18 patients

2. Immunizations NOT Complete

*Immunization NOT Complete- 22% with 5 patients

3. Missed Opportunities- 1

*Missed opportunities based off last visit

■ Immunizations Complete

Immunization Status		# of patients	% of patients
Received immunizations by assessment date:	12/13/2013	18	78%
Late up-to-date -received immunizations but NOT by:	09/30/2013	0	0%
Up-to-date and complete by:	09/30/2013	18	78%

■ Immunizations NOT Complete

Immunization Status	# of patients	% of patients
Missed opportunities to administer vaccine (as defined in report criteria)	1	4%
No missed opportunities but NOT eligible for immunization as of assessment date	0	0%
No missed opportunities; eligible; last visit <12 months ago	1	4%
No missed opportunities; eligible; last visit >= 12 months ago	3	13%
Total patients not complete by assessment date	5	22%

Vaccine Group	Date Administered	Series
DTP/aP	09/07/2011	1 of 5
	11/11/2011	2 of 5
	01/10/2012	3 of 5
HepB	09/07/2011	1 of 3
	11/11/2011	2 of 3
	01/10/2012	3 of 3
Hib	09/07/2011	1 of 4
	11/11/2011	2 of 4
Pneumococcal	09/07/2011	1 of 4
	11/11/2011	2 of 4
	01/10/2012	3 of 4
Polio	09/07/2011	1 of 4
	11/11/2011	2 of 4
	01/10/2012	3 of 4
Rotavirus	09/07/2011	1 of 2
	11/11/2011	2 of 2



A Look at the Summary Report Cont.:

1. Number of patients that need to be brought up-to-date w/1 additional visit- 2 patients total

■ Bring Patients Up-To-Date



Of patients NOT complete, # of patients who could be brought up-to-date with 1 additional visit: 2 of 5

Immunizations Needed	# of patients	% of patients
1	2	9%
2	0	0%
3	0	0%
4+	0	0%
Total patients up-to-date with one additional visit		9%

██████████	11/30/2010	PCV 2
██████████	09/12/2012	MMR 1, PCV 4, Varicella 1
██████████	04/04/2012	MMR 1, DTaP 4, HIB 4, PCV 4, Varicella 1
██████████	07/06/2011	MMR 1, DTaP 4, HIB 3, PCV 4, Varicella 1
██████████	06/18/2011	DTaP 4

2. That would be 78% + 9% would increase your rate to 87% with just recalling 2 patients for 1 immunization each

A Look at the Missing Immunizations-Overdue Report:

1. Age range 9-35 months
2. Series 4:3:1:4:3:1:4
3. Total # of Patient Records
4. List of patients overdue for immunizations missing based on the series and imMTrax data
5. The number next to the vaccine refers to dose number in the series
6. What to do next??.....

Report Title: **Missing Immunizations - Overdue** Date Generated: 12/26/2013

REPORT CRITERIA Assessment date: 12/13/2013

Provider site name: **Alameda City County Health Department (450)**

Age range: From **9** to **35** months as of **9/30/2013**

Selected series/antigens: **1MMR, 3HepB, 3Polio, 4DTaP, 4HIB, 4PCV, 1Var**

Additional criteria: ☒ Apply ACIP Recommendations (valid doses only) ☒ Apply four-day grace period
☐ Limited by

IMMUNIZATION MISSED (based on user-selected criteria)

List of Patients Overdue Based on Recommended Age

Total # of Patient Records **11**

"Overdue" in this case includes any patient that is NOT Complete AND is Eligible (as of the assessment date) based upon ACIP RECOMMENDED ages and intervals.

Patient Name (Last, First MI)	Date of Birth	Missing Immunizations
Chen, Daniel	06/30/2012	HepB 1, PCV 4
Carrion, Rayne	11/30/2010	PCV 2
Ewart, Rayeann	09/12/2012	MMR 1, PCV 4, Varicella 1
Fields, Jack	04/04/2012	MMR 1, DTaP 4, HIB 4, PCV 4, Varicella 1
Gingerich, Hegg, Oland	07/06/2011	MMR 1, DTaP 4, HIB 3, PCV 4, Varicella 1
Gibb, Nadana	06/18/2011	DTaP 4
Leaman, Corrinny	08/15/2012	MMR 1, HIB 4, PCV 4, Varicella 1
Maddox, Leo	02/10/2011	MMR 1, HepB 2, Polio 1, DTaP 1, HIB 1, PCV 1, Varicella 1
Nixon, Dylan	07/17/2012	MMR 1, PCV 4, Varicella 1
Ready, Jesse	04/01/2012	MMR 1, HIB 4, PCV 4, Varicella 1
Walsh, Leah, Jonathan	04/03/2012	MMR 1, HepB 1, Polio 1, DTaP 3, HIB 1, PCV 1, Varicella 1

What to do next?

1. Look up the patients in imMTrax and your clinic records that are listed on the missing immunization-overdue report
2. Determine if the patients are currently with you clinic
3. Determine if the patients are truly behind on their immunizations or imMTrax has incorrect or missing data

*Invalid shots

- Data enter errors
- Truly invalid

Demonstration on changing an invalid shot



Vaccine Administration Record

Patient Name: Chase Ganschütz
 Record #: 6-25-99
 Birthdate: 6-25-99

I have read, or have had explained to me information about diseases and the vaccines listed below. I believe I understand the benefits and risks of the vaccine(s) listed below given to me or to the person named below for whom I am authorized to make this request.

VACCINE	Date Given	Vaccine Manufacturer	Vaccine Lot Number	Site Given	Initials of Vaccine Administrator	Signature of Parent or Guardian	VFC Status (yes/no)
DTaP 1	7/1/99	SKB	81242	RT	MSB	Chase Ganschütz	
DTaP 2	10/25/99	SKB	671102	RT	MSB	Chase Ganschütz	
DTaP 3	1-20-00	SKB	6720A2	RT	MSB	Chase Ganschütz	
DTaP 4	9-28-00	SKB	6720A2	RT	MSB	Chase Ganschütz	
DTaP 5	8/1/01	SKB	6720A2	RT	MSB	Chase Ganschütz	
OPV 1	8/1/01	SKB	6720A2	RT	MSB	Chase Ganschütz	
OPV 2	10/25/99	SKB	6720A2	RT	MSB	Chase Ganschütz	
OPV 3	10/25/99	SKB	6720A2	RT	MSB	Chase Ganschütz	

How to correct data

1. If data is missing or inconsistent patterns????

*Historical data

*Current data

*Electronic data

Vaccine Administration Record for Children and Teens

Before administering any vaccines, give copies of all pertinent VFC information to the parent/guardian and make sure he/she understands the risks and benefits of the vaccine.

Vaccine	Type of Vaccine ¹	Date given (mo/day/yr)	Fun Sou (#)
Hepatitis B ² (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM. ³	Hep B	1/29/11	P
Diphtheria, Tetanus, Pertussis ⁴ (e.g., DTaP, DTap/Hib, DTaP-HepB-IPV, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM. ³	Polio Polio Polio DTaP	4/21/2011 6/28/2011 8/30/2011 3/11/2012	P P P P
Measles, Mumps, Rubella ⁵ (e.g., MMR, MMRV) Give SC. ³	MMR	2/20/12	P
Varicella ⁶ (e.g., VAR, MMRV) Give SC. ³	MMR Varicella Varicella	5/28/12 2/20/12 5/28/12	P P P

Client Name (First - MI - Last)

DOB

Gender

Mother's Maiden

Tracking Schedule

Chart #

SUNNY FROG

01/29/2011

F

ACIP

Address

8005 U.S. Hwy 10 W., #22, Missoula, MT 59808 (406)549-2462

Comments

{1 of 1} .. ~ Parent/Guardian ID for client is: 00000000094655

History

Add Immunization

Edit Client

Reports

Print

Print Confidential

Vaccine Group

Date Administered

Series

Trade Name

Dose

Owned?

Reaction

Hist?

Edit

DTP/aP

04/21/2011

1 of 5

No

Yes

06/28/2011

2 of 5

No

Yes

03/01/2012

3 of 5

No

Yes

HepB

01/29/2011

1 of 3

No

Yes

04/21/2011

2 of 3

No

Yes

06/28/2011

NOT VALID

No

Yes

Hib

04/21/2011

1 of 4

No

Yes

06/28/2011

2 of 4

No

Yes

Influenza

11/01/2011

1 of 2

No

Yes

12/16/2011

2 of 2

No

Yes

MMR

05/28/2012

NOT VALID

No

Yes

Pneumococcal

04/21/2011

1 of 4

No

Yes

06/28/2011

2 of 4

No

Yes

08/30/2011

3 of 4

No

Yes

Polio

04/21/2011

1 of 4

No

Yes

06/28/2011

2 of 4

No

Yes

Rotavirus

04/21/2011

1 of 3

No

Yes

06/28/2011

2 of 3

No

Yes

08/30/2011

3 of 3

No

Yes

Varicella

05/27/2012

1 of 2

Yes

Yes

How to associate patients appropriately

1. *Every patient needs a home!!*

Medical Home Association*

Secondary Care ▼

Primary Provider*

CHRISTIANSEN, DAVID ▼

2. Their home is determined by the Medical Home Association field
3. If you want to know “HOW” to associated patients, please follow the medical home association guide found here:
<https://immtrax.mt.gov/documents/MedicalHomeAssociationGuide.pdf>
4. If there are patients on your report that have moved and your clinic is no longer providing immunizations to, please disassociate them from your clinic by using the medical home association field. This will remove their association to your clinic, but keep any secondary associations that they may have.
5. If patients DO NOT have a primary and/or secondary association and you disassociated them from your clinic, please notify us of their association.

Demonstration medical home association field

Org: Mark Sorensen MD • Site: Mark Sorensen MD/1469 • User: Kathleen Grady-Selby

Personal Information

Last Name* SSN - - Save
 First Name* Mother's Maiden Last MACNAIR Cancel
 Middle Name Mother's First Name TALENA Record Immunization
 Birth Date* County* FLATHEAD History/Recommend
 Gender FEMALE Medicare Id (Part B) Reports
 imMTrax Id 3880939
 Student Id

Client Information

Responsible Persons

Client Comments

Contact History

Chart # Tracking Schedule* ACIP
 Ethnicity Not Hispanic or Latino Status Active
 Race White Status Change Date 09/02/2010
 Medical Home Association* Primary Care School
 Primary Provider* SORENSON, MARK Allow Reminder & Recall Contact? Yes
 VFC Eligibility* Medicaid Recipient Last Notice Date
 Other Eligibility* Primary Association Mark Sorensen MD
 Secondary Associations

Insurance Providers

5 STAR LIFE INSURANCE COMPANY
A & I Benefit Plan Administrators, Inc.
AAA LIFE INSURANCE COMPANY

Add >

< Remove

Selected Providers

Client Information

VFC Eligible: No

Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
SUNNY FROG	01/29/2011	F		ACIP Main	
Address 8005 U.S. Hwy 10 W., #22, Missoula, MT 59808 (406) 549-2462					
Comments {1 of 1} ... ~Parent/Guardian ID for client is: 00000000094655					

Edit Historical Immunization

Vaccine Group: DTP/aP - HepB - Polio Save
 Vaccine Display Name: DTaP/Polio/Hep B Cancel
 Trade Name: Delete
 Vaccine Lot Number: UNKNOWN
 Date Provided: 06/28/2011
 Time Provided: 12 : 00 : AM (OPTIONAL FIELD)
 Provider Org Name: MISSOULA VALLEY PEDIATRICS
 Disregard Primary Series: N
 VIS Date: Unknown
 Input Source of Record: Created through Batch Load
 Invalid: ☐ Invalid Reason:
 Validated: Yes
 Historical Information from Source of Record: Created through Batch Load
 Des-Decrement Status: n/a

Ideas to recall patients

1. If they are truly behind?

*Do you have a system for reminder recall for immunizations?

- Call em all
- Post cards
- Reminder phone calls
- imMTrax reminder recalls

Demonstration on reminder recalls

A look back since we have been generating these reports:

We have showed steady progress with increasing the series and single antigen coverage rates!!

	# of patients	4:3:1:4:3:1:4	4 DTaP	3 Polio	1 MMR	4 Hib	3 Hep B	1 Var	4 PCV
As of 09/30/2011	18,809	47%	55%	72%	68%	65%	70%	65%	65%
As of 09/30/2013	17,718	50%	58%	75%	71%	69%	74%	69%	68%
As of 09/30/2013	17,997	51%	58%	75%	73%	70%	76%	70%	68%

One shot at a time😊

As of September 2011

Immunizations Needed	# of patients	% of patients
1	1896	10%
2	792	4%
3	701	4%
4+	875	5%
Total patients up to date with one additional visit	4264	23%

As of September 2013

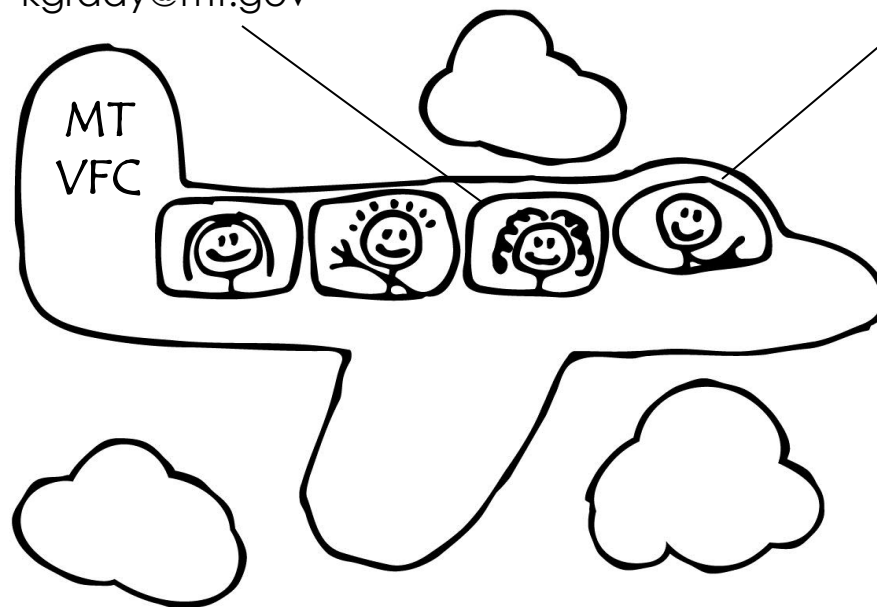
Immunizations Needed	# of patients	% of patients
1	1682	9%
2	858	5%
3	520	3%
4+	475	3%
Total patients up to date with one additional visit	3535	20%

In summary

1. Review the reports when they arrive each quarter
2. Please update imMTrax when possible to have complete and accurate information for your patients
3. Use REMINDER/RECALL - It's proven that it works to increase immunization rates
4. No Missed Opportunities
5. Working together we will keep Montana's children protected against vaccine-preventable diseases
6. Thank you for all that you do to keep the data in imMTrax up-to-date and as accurate as possible

Katie Grady-Selby
VFC Quality Specialist
444-1613
kgrady@mt.gov

Lori Hutchinson
Vaccine Manager
444-0277
lhutchinson@mt.gov



Montana Immunization
Program
444-5580
hhsiz@mt.gov

If at any time you are have questions of concerns please don't hesitate to call e-mail!!